



County of Los Angeles
CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

ADOPTED

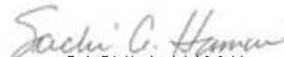
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

April 14, 2009

18

APRIL 14, 2009

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012


SACHI A. HAMAI
EXECUTIVE OFFICER

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

Dear Supervisors:

**APPROVAL OF SOLE SOURCE AMENDMENTS TO AGREEMENTS WITH ST. JOSEPH
CENTER AND SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER, INC.
AND APPROPRIATION ADJUSTMENT
(THIRD SUPERVISORIAL DISTRICT)
(3 VOTES)**

SUBJECT

Approval of the requested actions will delegate authority to the Director of the Department of Mental Health or his designee to amend Agreements with St. Joseph Center and San Fernando Valley Community Mental Health Center, Inc. to implement pilot projects for the provision of housing and integrated health, mental health and substance abuse services for 70 of the most vulnerable, chronically homeless individuals living in the San Fernando Valley and in Venice; and to further amend these Agreements as necessary for implementation of the pilot projects, including providing time extensions if funding is available.

This letter also requests approval of an Appropriation Adjustment for Fiscal Year 2008-09 to move \$107,000 of County general funds from the Third District Homeless Service fund to the Department of Mental Health for the services and administration of these pilot projects. Additional Third District Homeless Service funds totaling \$938,000 will be transferred to the Department of Mental Health over the following two fiscal years.

"To Enrich Lives Through Effective And Caring Service"

**Please Conserve Paper – This Document and Copies are Two-Sided
Intra-County Correspondence Sent Electronically Only**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Delegate authority to the Director of the Department of Mental Health (DMH) or his designee to prepare, sign, and execute amendments, substantially similar to Attachment I, to the Legal Entity (LE) Agreements with St. Joseph Center, LE No. 00218, and San Fernando Valley Community Mental Health Center, Inc. (SFVCMHC), LE No. 00208, adding \$724,000 and \$209,000, respectively, to implement pilot projects for the provision of housing and integrated health, mental health and substance abuse services. These amendments will be effective upon date of Board approval. The amendments, totaling \$933,000, will be funded by County general funds from Third District Homeless Services funding.
2. Approve the appropriation adjustment (Attachment II) for Fiscal Year (FY) 2008-09 transferring \$107,000 from the Third District Homeless Services fund to DMH. The Chief Executive Office (CEO) will transfer an additional \$600,000 from the Third District Homeless Services fund to DMH in the FY 2009-10 Final Changes Budget and transfer \$338,000 to DMH in the FY 2010-11 Proposed Budget. Total funding of \$1,045,000 from the Third District Homeless Services fund includes \$933,000 in services and supplies for the two proposed providers and \$112,000 to DMH for administrative costs.
3. Delegate authority to the Director of DMH or his designee to prepare, sign, and execute any and all future amendments as may be deemed necessary for implementing the pilot projects, including the option to provide time extensions if sufficient funding is available. Approval as to form by County Counsel and the CEO will be obtained prior to executing any amendments. The Director of DMH will notify your Board of amendments to these Agreements within 30 days after execution of each amendment.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

The recommended actions will allow DMH to implement pilot projects to address homelessness in two areas within the Third District: San Fernando Valley and Venice. Both of these areas were identified as having either a large concentration or a growing concentration of chronically homeless persons with mental health issues, co-occurring substance abuse disorders, and/or complex medical conditions. During the 2007 homeless count conducted by the Los Angeles Homeless Services Authority, it was found that Venice has the highest homeless to housed residents ratio in Los Angeles County (1 homeless person for every 32 housed individuals).

The pilot projects with the St. Joseph Center and SFVCMHC will provide housing and integrated health, mental health and substance abuse services for 70 of the most vulnerable, chronically homeless individuals living in San Fernando Valley and Venice.

Implementation of Strategic Plan Goals

The recommended actions are consistent with County Strategic Plan Goal 1, "Operational Effectiveness" and Goal 4, "Health and Mental Health."

FISCAL IMPACT/FINANCING

There is no increase in net County cost.

If approved, the projects and associated administration costs will be funded with County General Fund (CGF) approved by the Board of Supervisors on April 4, 2006 as part of the County's Homeless Prevention Initiative to fund homeless services. The Third Supervisorial District has allocated \$1,045,000 of its CGF Homeless Services funding for this purpose. Funding has been allocated as follows: St. Joseph Center at \$724,000; SFVCMHC at \$209,000; and DMH at \$112,000 for administration and oversight of the project.

Of the \$1,045,000, \$107,000 will be transferred to DMH through a FY 2008-09 appropriation adjustment, \$600,000 will be added to the Department's budget in the FY 2009-10 final changes budget phase, and \$338,000 will be added to the Department's FY 2010-11 proposed budget. DMH will utilize any unspent amount to continue the provision of housing and integrated health, mental health and substance abuse services to the clients currently involved in the pilot project until the \$1,045,000 is exhausted.

This funding represents one-time only funding. The County cannot commit to providing additional funding for these pilot projects beyond the terms of 24 months for St. Joseph Center and 12 months for SFVCMHC. The contracted agencies will explore alternative funding in order to continue project services after that time.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Chronically homeless individuals may have mental health issues, co-occurring substance abuse disorders, and/or complex medical conditions that result in high utilization of costly hospital emergency rooms, acute inpatient units, long-term institutional services and jails. In order to address service needs and evaluate costs of preventative versus reactionary services, Los Angeles County began collaborating with governmental and non-governmental agencies to implement creative and innovative programs that address homelessness, such as Project 50 in the Skid Row area of downtown Los Angeles.

St. Joseph Center and SFVCMHC, in collaboration with the Third District and DMH, have developed proposals for pilot projects to provide housing and integrated health, mental health and substance abuse services for a total of 70 of the most vulnerable, chronically homeless individuals living in San Fernando Valley and Venice.

San Fernando Valley Community Mental Health Center, Inc. proposes to “fast track” the most severely and chronically mentally disabled, homeless individuals in San Fernando Valley into permanent housing within a three-to-six-month time frame. Within a one-year period, the project, called the “Van Nuys Street-to-Home Project”, will first provide temporary transitional housing for 30 persistently homeless individuals and then move each of them over the next three to six months into permanent housing in the community by utilizing Section 8 vouchers and other housing owned or leased by the agency. The pilot project with SFVCMHC will be funded with \$209,000 for a twelve- month period.

St. Joseph Center proposes to lead a community-wide effort to create a Service Registry for high-risk, chronically homeless individuals residing in Venice and to provide the Venice Chronic Homeless Intervention Project, an assertive, intervention-focused case management program that will result in permanent housing placement and maintenance of permanent supportive housing for 40 individuals identified as most likely, without intervention, to die on the streets. The pilot project with St. Joseph Center will be funded with \$724,000 for a 24-month period.

Both proposals will utilize the “Vulnerability Index” developed by the Common Ground of New York to identify certain high risk factors that are predictors of high chronicity and mortality, such as the tri-morbid conditions of mental illness, substance abuse and debilitating medical conditions.

The attached amendment format (Attachment I) has been approved as to form by County Counsel.

CONTRACTING PROCESS

Both SFVCMHC and St. Joseph Center were chosen as sole source contractors because of their experience providing services to the individuals identified for the pilot project, the array of services available through their agencies, their agencies’ ability and experience working collaboratively with the County, and more importantly, the need for services in these areas of the Third Supervisorial District.

In the San Fernando Valley, there is a large concentration of chronically homeless persons with mental illness and/or co-occurring substance abuse disorders living in public areas such as the Civic Center, surrounding parks, under freeway bridges and in street encampments. With the ability of SFVCMHC to provide mental health services, crisis and targeted intervention, as well as access to both temporary and permanent housing, including housing leased through their agency, this agency is well qualified to provide the services needed in this area.

As previously mentioned, Venice currently has the highest homeless to housed resident ratio in Los Angeles County, at one homeless person to every 32 housed individuals.

Honorable Board of Supervisors
April 14, 2009
Page 5

St. Joseph Center currently provides mental health, intervention, targeted case management services in this area, and knows the issues affecting the chronically homeless in Venice. It is well qualified to provide the services outlined.

In compliance with your Board's contracting policy requirements for sole source contracts, DMH notified your Board on April 1, 2009, of the intent to enter into sole source negotiations with St. Joseph Center and SFVCMHC for the provision of these services (Attachment III).

IMPACT ON CURRENT SERVICES

These projects will expand the availability of transitional and permanent supportive housing for 70 individuals identified as the most vulnerable, chronically homeless individuals living in the Third Supervisorial District.

CONCLUSION

Department of Mental Health will need one copy of the adopted Board action. It is requested that the Executive Officer notify DMH's Contracts Development and Administration Division at (213) 738-4684 when this document is available.

Chief Executive Office will need the original signed FY 2008-09 budget adjustment. It is requested that the Executive Officer notify CEO-Service Integration Branch at (213) 974-1329 when this document is available.

Respectfully submitted,



WILLIAM T FUJIOKA
Chief Executive Officer

WTF:MS:KH
KH:hn

Attachments (3)

c: County Counsel
Director of Mental Health
Chairperson of Mental Health Commission

ATTACHMENT I

CONTRACT NO. _____

AMENDMENT NO. _

THIS AMENDMENT is made and entered into this __ day of _____2009, by and between the COUNTY OF LOS ANGELES (hereafter "County") and _____(hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated December 2, 2008, identified as County Agreement No._____, and any subsequent amendments (hereafter collectively "Agreement"); and

WHEREAS, for Fiscal Years (FYs) 2008-09, 2009-10, and 2010-11 (**if applicable**), County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, for FYs 2008-09, 2009-10, and 2010-11 (**if applicable**), County and Contractor intend to amend Agreement to add a new Statement of Work and Service Exhibit (SUPPORTIVE SERVICES – RESIDENTIAL PROGRAMS) for a pilot project that will provide housing and integrated health, mental health and substance abuse services for 30 or 40 (**depending on contractor**) of the most vulnerable, chronically homeless individuals living in _____ (**depending on contractor**); and

WHEREAS, for FYs 2008-09, 2009-10, and 2010-11 (**if applicable**), County and Contractor intend to amend Agreement to increase County General Funds by \$_____ for FY 2008-09, \$_____ for FY 2009-10 and \$_____ for FY 2010-11 (**if applicable**); and

WHEREAS, for FYs 2008-09, 2009-10, and 2010-11 **(if applicable)**, County and Contractor intend to amend Agreement to add Mode of Service 60 and Service Function Code 64 and Service Exhibit Supportive Services – Residential Programs to delivery site location _____, Provider No. **TBD**; and

WHEREAS, for FYs 2008-09, 2009-10, and 2010-11 **(if applicable)**, the revised Maximum Contract Amount will be \$_____, \$_____, and \$_____ **(if applicable)**, respectively.

NOW, THEREFORE, County and Contractor agree that Agreement shall be amended only as follows:

1. Financial Exhibit A (FINANCIAL PROVISIONS), Attachment II, Paragraph B (Reimbursement For Initial Period) and Paragraph C (Reimbursement If Agreement Is Automatically Renewed) shall be deleted in their entirety and the following substituted therefore:

“B. REIMBURSEMENT FOR INITIAL PERIOD: The Maximum Contract Amount for the Initial Period of this Agreement as described in Paragraph 1 (TERM) shall not exceed _____ (\$____) and shall consist of County, State, and/or Federal funds as shown on the Financial Summary.

C. REIMBURSEMENT IF AGREEMENT IS AUTOMATICALLY RENEWED:

(1) Reimbursement For First Automatic Renewal Period: The Maximum Contract Amount for the First Automatic Renewal Period of this Agreement as described in Paragraph 1 (TERM) shall not exceed _____ (\$_____) and shall consist of County, State, and/or Federal funds as shown on the Financial Summary.

(2) Reimbursement For Second Automatic Renewal Period: The Maximum Contract Amount for the Second Automatic Renewal Period of this Agreement as described in Paragraph 1 (TERM) shall not exceed _____ (\$_____) and shall consist of County, State, and/or Federal funds as shown on the Financial Summary.”(if applicable)

2. Financial Summary – __ for Fiscal Year 2008-09 shall be deleted in its entirety and replaced with Financial Summary – _ for Fiscal Year 2008-09, attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary – _ for Fiscal Year 2008-09 shall be deemed amended to state “Financial Summary – _ for Fiscal Year 2008-09.”
3. Financial Summary – __ for Fiscal Year 2009-10 shall be deleted in its entirety and replaced with Financial Summary – _ for Fiscal Year 2009-10, attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary – __ for Fiscal Year 2009-10 shall be deemed amended to state “Financial Summary – _ for Fiscal Year 2009-10.”
4. Financial Summary – _ for Fiscal Year 2010-11 shall be deleted in its entirety and replaced with Financial Summary – __ for Fiscal Year 2010-11, attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary – __ for Fiscal Year 2010-11 shall be deemed amended to state “Financial Summary – __ for Fiscal Year 2010-11.” (if applicable)
5. Attachment IV, Service Delivery Site Exhibit – __, shall be deleted in its entirety and replaced with the revised Attachment IV, Service Delivery Site Exhibit – __. All references in Agreement to Attachment IV, Service Delivery Site Exhibit – __

shall be deemed amended to state Attachment IV, Service Delivery Site Exhibit –
–.

6. Attachment V, Service Exhibit – __, shall be deleted in its entirety and replaced with the revised Attachment V, Service Exhibit – __. All references in Agreement to Attachment V, Service Exhibit – __ shall be deemed amended to state Attachment V, Service Exhibit – __.
7. Contractor shall provide services in accordance with the Contractor’s Fiscal Year 2008-09 Negotiation Package for this Agreement and any addenda thereto approved in writing by Director.
8. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by County's Director of Mental Health, or his designee, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
MARVIN J. SOUTHARD, D.S.W.
Director of Mental Health

CONTRACTOR

By _____

Name _____

Title _____
(AFFIX CORPORATE SEAL
HERE)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

By _____
Chief, Contracts Development
and Administration Division

**ST. JOSEPH CENTER
SERVICE REGISTRY AND
VENICE CHRONIC HOMELESS INTERVENTION PROJECT**

STATEMENT OF WORK

St. Joseph Center will lead a community-wide effort to create a Service Area Registry for high-risk, chronically homeless individuals residing in Venice, and will implement the Venice Chronic homeless Intervention Project, an assertive, intervention-focused case management program that, over a two-year period, will provide permanent housing with supportive services for 40 individuals identified as most likely to die on the streets without intervention.

Service Registry: The Service Registry will be based on the model developed by Common Ground Community in New York and currently used in the Skid Row area of Los Angeles County by Project 50 and in Santa Monica in the Chronic Homeless Project. On the night of the survey, teams made up of staff from St. Joseph Center, other Westside homeless services agencies, Los Angeles County Department of Mental Health, the Department of Veterans Affairs, and Los Angeles Homeless Services Authority will conduct a census, focusing their efforts on the geographic areas identified by the St. Joseph Center's outreach teams and case management staff and Los Angeles Police Department's Pacific Division as the locations where long-term homeless people sleep. The same teams will conduct a survey of individuals they encounter on the streets from 3 a.m. to 5 a.m. The survey data will produce a Vulnerability Score for surveyed individuals that weighs several variables, including length of homelessness and physical and mental health status, to predict an individual's likelihood of dying on the streets unless permanently housed. The Vulnerability Score will provide an objective measure to prioritize the future efforts of the Venice Chronic Homeless Intervention Project.

Venice Chronic Homeless Intervention Project: This Project will provide assertive outreach and engagement services to the individuals identified in the Service Registry as most vulnerable. The Project will then provide these individuals intensive assertive case management services to move them, when possible, directly from the street to permanent supportive housing. The integrated services provided by multidisciplinary teams will include:

- Outreach
- Screening and Assessment

- Crisis services
- Case management
- Mental health services
- Benefits education, advocacy and enrollment
- Psychotropic medication and medication management
- Substance abuse counseling
- Linkage to medical services
- Placement in permanent housing, and supportive housing services, including eviction prevention
- Transportation support
- Independent living skills training
- Money management
- Community reintegration

Assertive case management is based on a harm reduction philosophy and follows a “Housing First” model. The goal of the Project is to place 40 vulnerable individuals living on the streets of Venice into permanent supported housing and provide the intensive, integrated services needed for them to reintegrate successfully into community life. The Project will maintain a 10:1 client to case manager ratio and will be staffed by a multidisciplinary team including a clinical case manager, substance abuse counselor, housing specialist, psychiatrist and physician or nurse practitioner.

Project-based housing is limited on the Westside. The Project will primarily utilize scattered site housing subsidized by Shelter Plus Care or Homeless Section 8 vouchers accessed through the Housing Authority of the City of Los Angeles.

**SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER, INC.
VAN NUYS “STREET-TO-HOME PROJECT”**

STATEMENT OF WORK

San Fernando Valley Community Mental Health Center, Inc. (SFVCMHC) will implement the Van Nuys “Street-to-Home Project” to “fast track” 30 of the most vulnerable chronically homeless individuals, 18 and over, in the San Fernando Valley into transitional housing and move them into permanent supportive housing over a one year period. SFVCMHC will use the “Housing First” model, in combination with additional outreach and engagement tools proven effective for Project 50 in the Skid Row area. Areas identified for outreach services will include the Van Nuys Civic Center, and surrounding parks, freeways, and other street encampments.

This Project will implement innovative strategies to target and serve individuals identified by the “Vulnerability Index” developed by the Common Ground Program of New York as having risk factors that are predictors of high mortality and chronicity. The “Street-to-Home Project” will provide assertive outreach and engagement services to the individuals identified as most vulnerable and will then provide these individuals intensive, assertive case management services to move them, when possible, directly from the street to permanent supportive housing. The integrated services provided by multidisciplinary teams will include:

- Intensive street outreach
- Screening and Assessment
- Crisis and emergency services
- Intensive field-based and on-site case management
- Intensive mental health treatment
- Benefits education, advocacy and enrollment
- Psychotropic medication and medication management
- Substance abuse counseling
- Collaboration and linkage to medical services
- Placement in permanent housing, and supportive housing services, including eviction prevention
- Transportation support
- Independent living skills training
- Money management
- Community reintegration

Assertive case management is based on a harm reduction philosophy and follows a “Housing First” model. The goal of this Project is to place 30 vulnerable individuals living on the streets in the San Fernando Valley into permanent supported housing and provide the intensive, integrated services needed for them to reintegrate successfully into community life. Because of the need for intensive, integrated services, this Project will maintain a 4:1 client to case manager ratio and will be staffed by a multidisciplinary team, supervised by a program manager and the Assistant Director of Homeless Services, that includes a licensed mental health clinician, case manager, peer counselor/Advocate and a psychiatrist (1.5 hours per week).

In addition to the services listed above, clients will be encouraged to use services provided at SFVCMHC’s Cornerstone Drop-in Center, Victory Wellness Center, Client Run Center, and Valley Employment Services program.

Housing will be provided through Section 8 vouchers and housing owned or leased by SFVCMHC, which has identified property in residential Van Nuys that, once renovated, will provide housing for twelve individuals: 8 individuals in two, 2 bedroom housing units and 4 individuals in four single room efficiency units.

SERVICE EXHIBIT _____**SUPPORTIVE SERVICES – RESIDENTIAL PROGRAMS****St. Joseph Center and San Fernando Valley Community Mental Health Center, Inc.
Homeless Pilot Projects****(Adjunctive 60)****I. OVERVIEW**

The inception in 1991 of Realignment and the Rehabilitation Option in California public mental health services enabled counties to expand mental health services into non-traditional areas and move the locus of service provision from institutions and clinics into the community. In order to support and maintain the individual's highest level of functioning following discharge from institutional care, DMH has implemented community programs that provide on-site augmented supervision and supportive services. These programs include augmented staffing ratios, operational costs, and augmented program costs, including vocational and socialization activities. These services and operational costs are not Medi-Cal reimbursable and are not funded by the board and care portion of twenty-four hour licensed residential care facilities or other housing options.

This service exhibit and accompanying Statement of Work, which is attached and incorporated herein by reference, is designed to facilitate making these services available to individuals participating in two pilot projects: St. Joseph Center's Venice Chronic Homeless Intervention Project, an assertive, intervention-focused case management program; and San Fernando Valley Community Mental Health Center's (SFVCMHC) Van Nuys "Street-to-Home Project." These programs provide housing and integrated health, mental health and substance abuse services for the most vulnerable, chronically homeless individuals living in Venice and the San Fernando Valley. This service exhibit and accompanying Statement of Work, which is attached and incorporated herein by reference, applies to clients who may be receiving these intensive services while housed in an array of housing options, including licensed adult residential facilities, transitional or congregate housing, and independent living.

II. PROGRAM ELEMENTS AND SERVICES**A. Housing Expenses and Augmented Supervision**

Key goals of mental health services include assisting individuals in achieving stability and living in the least restrictive setting possible. Stable, affordable housing with supportive services are of critical importance for these individuals who are often high utilizers of costly hospital emergency rooms, acute inpatient units, long-term institutional services and jails. Funding for augmented staffing ratios and housing expenses may be utilized to support clients in the pilot projects, ranging from licensed adult residential facilities, transitional or congregate housing, and independent living. Clients may receive on-site supportive services as well as assistance with housing expenses,

including, but not limited to, rental and utility deposits, ongoing assistance with utility expenses, furniture, appliances, housewares, moving expenses, maintenance of housing and repair of damages caused by the individual, and expenses related to prevention of eviction.

B. Personal/Community Integration Expenses

Funding may be utilized to assist individuals in achieving their personal goals and in supporting their integration into the larger community. Items may include, but are not limited to, food, clothing, school supplies, tuition, transportation, hygiene and personal items, medical and dental care, prescriptions, laboratory tests, dental work and eyeglasses.

C. Vocational Expenses

Funding may be utilized to maximize individuals' ability to achieve their vocational goals. To prepare and support individuals in obtaining employment, these funds can be allocated for, but are not limited to, educational/vocational supplies and training, job searches, job development, job placement, job coaching, work experience and the services of vocational specialists.

III. PERSONS TO BE SERVED

St. Joseph Center and SFVCMHC will utilize the "Vulnerability Index" developed by the Common Ground of New York to identify the most vulnerable, chronically homeless individuals (18 and over) with serious mental illness and co-occurring substance abuse disorders and/or complex medical conditions living in Venice and the San Fernando Valley, respectively. These individuals may require augmented supervision, as well as housing, educational, and vocational services. Persons served by these pilot programs will include individuals with insufficient funds to provide the materials and resources necessary to achieve their personal goals.

IV. REIMBURSEMENT

The procedures for reimbursement for Supportive Services – Residential Programs expenditures are provided in Attachment A.

**SUPPORTIVE SERVICES – RESIDENTIAL PROGRAMS
REIMBURSEMENT PROCEDURES**

The following procedures will be used for reimbursement of Supportive Services – Residential Programs expenditures:

1. **EXPENDITURES ELIGIBLE FOR REIMBURSEMENT THROUGH SUPPORTIVE SERVICES:**

A. Housing and Augmented Supervision

Expenditures to augment program staffing ratios and housing operational costs to support clients living in adult residential facilities, transitional or congregate housing, and independent living may be reimbursed. Individuals may receive assistance with housing expenses, including, but not limited to, rental and utility deposits, ongoing assistance with utility expenses, furniture, appliances, housewares, moving expenses, maintenance of housing, repair of housing damages caused by the individual, housing outreach and searches, assisting individuals in obtaining letters of reference, preparing for housing interviews, and expenses related to prevention of eviction.

B. Personal/Community Integration

Expenditures to assist individuals in achieving their personal goals and to support their integration into the community may be reimbursed. Personal/community integration items for individuals may include, but are not limited to, food, clothing, transportation, school supplies, tuition, hygiene and personal items, medical and dental care, prescriptions, laboratory tests, dental work and eyeglasses.

C. Vocational

Expenditures to maximize the individuals' ability to achieve their vocational goals may be reimbursed. To prepare and support persons in obtaining employment, these funds can be allocated for, but are not limited to, educational/vocational supplies and training, job searches, job development, job placement, job coaching, work experience and the services of vocational specialists.

Staff time and services in the above areas (Subsections A-C) are reimbursable for those activities that are not Medi-Cal reimbursable services.

2. **REIMBURSEMENT GUIDELINES:**

The funds allocated for Supportive Services – Residential Programs shall be used only when there are no other funds available. If the client is a current Supplemental Security Income (SSI) recipient and/or an enrolled member of an intensive integrated treatment program such as a Full Service Partnership, Supportive Services' funds shall be utilized only after it has been clearly established that funding from these other sources is not available for housing and augmented supervision, personal/community integration, vocational, and other expenditures.

3. **DOCUMENTATION REQUIREMENTS FOR REIMBURSEMENT:**

The following supportive documentation shall be maintained on file with the Contract Provider in accordance with the Records and Audits paragraph of the Agreement:

- a) Original receipts to support payment invoices (If an original receipt is not obtainable, a copy of the receipt or justification as to why the receipt was not obtained should be retained), identifying individual and/or bulk purchases;
- b) Copies of original rental agreements, including the "Return of Security and Rental Deposit Agreement", signed by the consumer and the property owner or authorized agent, when an individual receives or secures an apartment or a house;
- c) Copies of signed checks issued; and
- d) Copies of staff time records identifying time spent on providing intensive supervision, and eligible housing, vocational, and socialization services.

Each Contract Provider shall, on the last day of each month, complete the Supportive Services – Residential Programs invoice indicating the categories of expenses (housing and augmented supervision, personal/community integration or vocational), and the amount spent, including staff salaries expended. All claims are to be submitted by Contractor to DMH within sixty (60) days from the month of the expenditure occurrence.

The Supportive Services – Residential Programs Expense Claim form(s) (Attachment B) shall be submitted to the County of Los Angeles DMH Service Area (SA) District Chief.

4. **DMH REVIEW AND APPROVAL OF INVOICES:**

The DMH SA District Chief will review monthly invoices and sign to affirm that expenditures meet established Supportive Services - Residential Programs Procedures. Approved invoices will be forwarded to the DMH Provider Reimbursement Unit for payment.

DMH shall process all completed requests for Supportive Services reimbursement on a monthly basis. The judgment of DMH as to the allowability of any expenditure shall be final.

5. **MONTHLY RECONCILIATION REPORT:**

DMH has allocated each Contract Provider a specified amount of funding for Supportive Services – Residential Programs. Monthly reconciliation reports will be generated by the Accounting Division for each Contract Provider to ensure expenditures have not been exceeded. The County shall not be liable for reimbursement of any expenses claimable hereunder in the event that any contractor exceeds its allocation or violates the terms and conditions of the Supportive Services – Residential Programs Procedures or the Legal Entity Agreement.

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BOARD OF SUPERVISORS OFFICIAL COPY

COUNTY OF LOS ANGELES
REQUEST FOR APPROPRIATION ADJUSTMENT

DEPARTMENT OF **Chief Executive Office**

DEPT'S. No. 060
MARCH 31 2009

AUDITOR-CONTROLLER.

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. WILL YOU PLEASE REPORT AS TO ACCOUNTING AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF EXECUTIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

ADJUSTMENT REQUESTED AND REASONS THEREFOR

FY 2008-09
3 - VOTES

SOURCES

Homeless and Housing Program
Services and Supplies
A01-CB-2000-26685
\$107,000

USES

Mental Health
Services and Supplies
A01-MH-2000-20500
\$107,000

JUSTIFICATION

This adjustment is necessary to provide funding to implement pilot projects for the provision of housing and integrated health, mental health, and substance abuse services for 70 of the most vulnerable, chronically homeless individuals living in San Fernando Valley and Venice.

ADOPTED
MIGUEL SANTANA, Deputy Chief Executive Officer

CHIEF EXECUTIVE OFFICER'S REPORT

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

18

APR 14 2009

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

REFERRED TO THE CHIEF EXECUTIVE OFFICER FOR --

ACTION

APPROVED AS REQUESTED

AS REVISED

✓ RECOMMENDATION

4/3 20 09 *[Signature]*
CHIEF EXECUTIVE OFFICER

AUDITOR-CONTROLLER BY

Karen Shikama

APPROVED (AS REVISED):
BOARD OF SUPERVISORS

20

NO. 191

April 3 20 09

BY _____
DEPUTY COUNTY CLERK

MARVIN J. SOUTHARD, D.S.W.
Director

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director



BOARD OF SUPERVISORS

GLORIA MOLINA
MARK RIDLEY-THOMAS
ZEV YAROSLAVSKY
DON KNABE
MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601
Fax: (213) 386-1297

April 1, 2009

TO: Each Supervisor
FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

SUBJECT: **ADVANCE NOTIFICATION OF INTENT TO ENTER INTO SOLE SOURCE CONTRACT AMENDMENTS WITH ST. JOSEPH CENTER AND SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER, INC.**

This memo is to comply with the Chief Administrative Officer, David E. Janssen's September 1999 letter regarding contracting policy requirements for sole source contracts. It is the Los Angeles County Department of Mental Health's (DMH) intent to amend existing Agreements with St. Joseph Center (St. Joseph's), located at 204 Hampton Drive, Venice, CA 90291, to include the Venice Chronic Homeless Intervention Project; and San Fernando Valley Community Mental Health Center, Inc. (SFVCMHC), located at 6842 Van Nuys Boulevard, 6th floor, Van Nuys, CA 91405 to include the Van Nuys "Street-to-Home Project." Both programs are innovative projects modeled on Project 50.

In recent years, Los Angeles County has collaborated with governmental and non-governmental agencies to implement programs that address homelessness, such as Project 50 in the Skid Row area of Los Angeles. However, chronically homeless individuals with serious mental illness and co-occurring substance abuse disorders and/or complex medical conditions continue to live on the streets, under freeway bridges, and in encampments, parks, or temporary shelters in areas throughout the County. These individuals are often high utilizers of costly hospital emergency rooms, acute inpatient units, long-term institutional services and jails.

As part of efforts to meet the critical needs for housing and mental health and substance abuse services for these homeless individuals, St. Joseph's and SFVCMHC, in collaboration with the Third District and DMH, have developed proposals for pilot projects to provide housing and integrated health, mental health and substance abuse services for a total of 70 of the most vulnerable, chronically homeless individuals living in Venice and the San Fernando Valley, respectively. The critical need for these

services precludes entering into lengthy Request For Proposals, DMH proposes to enter into sole source negotiations with St. Joseph's and SFVCMHC for these services.

St. Joseph Center

The 2007 homeless count conducted by the Los Angeles Homeless Services Authority indicated that the number of homeless individuals in Venice has continued to increase. Currently Venice has the highest homeless-to-housed residents ratio in Los Angeles County: 1 homeless person for every 32 housed individuals.

St. Joseph's proposes to lead a community-wide effort to create a Service Registry for high-risk, chronically homeless individuals residing in Venice and to provide the Venice Chronic Homeless Intervention Project, an assertive, intervention-focused case management program that, over a two-year period, will provide permanent housing with supportive services for 40 individuals identified as most likely to die on the streets.

St. Joseph's is uniquely qualified to provide these services as it is the only contracted legal entity provider of mental health services in the Venice area and is experienced in serving the homeless mentally ill population. St. Joseph's has demonstrated, through its participation in Santa Monica's Service Registry/Chronic Homeless Program, that it can provide innovative, focused interventions that move chronically homeless persons off the streets and into stable housing.

San Fernando Valley Community Mental Health Center, Inc.

In the San Fernando Valley there is a large concentration of chronically homeless persons with severe mental illness who are currently living on the streets, in alleyways and in cold weather shelters (December to April). They tend to congregate in public areas such as Civic Center parks, freeway underpasses and other street encampments.

SFVCMHC proposes to implement the Van Nuys "Street-to-Home Project" to "fast track" 30 of the most vulnerable chronically homeless individuals in the San Fernando Valley into transitional housing and move them into permanent supportive housing over a one year period. SFVCMHC will use the "Housing First" model, in combination with additional outreach and engagement tools proven effective for Project 50 in the Skid Row area.

SFVCMHC is uniquely qualified to provide services for this project as it is a multiple services agency located in San Fernando Valley that has been serving this target population at the Cornerstone Multi-Purpose Drop-In Center. The Center serves as a gateway for mental health services, housing and benefits for the most hard to reach, chronically homeless and vulnerable individuals. In addition, SFVCMHC has extensive experience collaborating with other community agencies, health centers, homeless shelters and law enforcement and providing permanent supportive housing for its

clients. SFVCMHC has identified housing in a residential area of Van Nuys that will enable the agency to provide safe and well-equipped residences for this project while enhancing the neighborhood. SFVCMHC is strategically positioned to begin providing services immediately.

Both proposals will utilize the "Vulnerability Index" developed by the Common Ground of New York to identify certain high risk factors that are predictors of high chronicity and mortality, such as the tri-morbid conditions of mental illness, substance abuse and debilitating medical conditions.

These projects will be funded by the Third Supervisorial District's allocation from the County's Homeless Prevention Initiative.

Unless otherwise instructed, DMH will proceed with preparing sole source contract amendments, working with the Office of the County Counsel and the Chief Executive Office.

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c: Chief Executive Officer
County Counsel